



Cancer Treatment Plan and Budget

Name of Organization/Entity applying for Grant: Your County Health Department

Patient Name: Jane Doe Date of Birth: 01/01/1943

Diagnosis: Prostate Cancer Date of Diagnosis: 08/07/2008

Comments: Treatment to be started in September 2008

Treatment Plan from 09/2008 to 12/2008 Primary Treating Physician's Name: Dr. Dolittle
 (date) (date)

Procedure and Frequency of Treatment	Date Anticipated	Estimated Costs	Basis for costs (Medicaid rate, HSCRC-regulated rate, or MHIP rate)
Treatment Planning III	9/08	138.46	MA
Outpatient Intermediate		148.88	MA
Outpatient Complex		180.99	MA
Sim-Aided field settings, Simple Sim x 3		128.95 x 3 = 386.85	HSCRC
Complex Som x 2		257.90 x 2 = 515.80	HSCRC
IMRT Daily Treatment x 45		214.94 x 45 = 9672.30	HSCRC
Weekly Management x 9		142.32 x 9 = 1280.88	HSCRC
Spec. Physics Consult		128.95	HSCRC
IMRT x 3		1031.65 x 3	HSCRC
Basic Calculation x 21		21.52 x 21 = 451.92	HSCRC

Complex Treatment Device x 21		193.45 x 21 = 4062.45	HSCRC
IGRT x 45		76.92 x 45 = 3461.40	HSCRC
Sub Total for Treatment		\$23523.23	
Indirect costs (Maximum of 7%)		\$1400	
Total Requested (Treatment + Indirect)		\$21,400	